

CITY OF CONCORD VENDOR INFORMATION FORM

CITY OF CONCORD
Purchasing Division
850 Warren C. Coleman Blvd. South
P. O. Box 308
Concord, NC 28026-0308
Phone: 704-920-5441 Fax: 704-785-8856

LEGAL NAME OF COMPANY/CORPORATION: _____

DBA/DOING BUSINESS AS:(IF DIFFERENT FROM LEGAL NAME) _____

ARE YOU A NORTH CAROLINA CORPORATION? YES _____ NO _____ IF NOT, ARE YOU REGISTERED TO DO BUSINESS IN NORTH CAROLINA? YES _____ NO _____

CITY OF CONCORD BUSINESS PRIVILEGE LICENSE NUMBER: _____ NOTE: FOR INFORMATION REGARDING PRIVILEGE LICENSE OR PRIVILEGE LICENSE FORM, CONTACT CITY OF CONCORD TAX OFFICE: 704-920-5216

NOTE: ALL OF THE ABOVE WILL BE REQUIRED FIELDS IN ORDER TO ESTABLISH A VENDOR NUMBER AND TO RECEIVE PAYMENT FOR ANY GOODS OR SERVICES

FEDERAL TAX ID# _____ SOCIAL SECURITY # IF INDIVIDUAL _____

FOR OUT OF STATE VENDORS, PROVIDE N.C.SALES TAX NUMBER _____

QUOTATION ADDRESS: _____ COUNTY _____

MAILING ADDRESS (PURCHASE ORDERS) _____

REMITTANCE ADDRESS _____

INVOICE PAYMENT TERMS _____ DISCOUNT,IF YES,EXPLAIN _____

MANAGER: _____ PHONE: _____ FAX: _____

SALES REPRESENTATIVE: _____ PHONE _____ FAX: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

ACCOUNTS RECEIVABLE CONTACT: _____ PHONE: _____ FAX: _____

TYPE OF DISTRIBUTOR _____ PRODUCTS/SERVICES OFFERED: _____

FOR CITY USE BELOW:

PERSON SUBMITTING FORM: _____ DATE: _____

RECEIVED BY PURCHASING BY: _____ DATE: _____

FOR VENDOR INFORMATION CHANGE ONLY, OR NOTES, PROVIDE BELOW:
